



RESIDENT INCOME RESTRICTED BEACH PASS ANNUAL APPLICATION
ADJUSTED GROSS INCOME MUST NOT EXCEED \$60,000

NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ EMAIL: _____

DRIVER'S LICENSE NUMBER OR STATE ID NUMBER: _____

Provide any of the applicable required documentation:

- Most recent 1040 tax form
 - Social Security benefit letter
 - State of Maine benefit letter (TANF, Unemployment, etc.)
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Resident Income Restricted Passes are issued to the applicant only on an annual basis. The applicant must be present at the time of use at approved parking locations. Passes are non-transferable and failure to abide by this will result in a loss of privileges.

I hereby certify my residence is that listed above and that I claim no other places of residency. I understand that falsification of any statement made on this application will result in the immediate revocation of my pass. I hereby confirm that the information contained in this application is true.

Applicant Signature

Date of Application

TO BE COMPLETED BY THE SOCIAL SERVICES DEPARTMENT ONLY

The applicant has submitted the required documentation and it has been determined that the application is:

- Approved Denied

Social Services Signature

Date

Date Received: _____

Received by: _____

Pass Number _____